DCH/LOT-020 (10/04)

Michigan Department of Community Health
Board of Occupational Therapists
P.O. Box 30670
Lansing, Michigan 48909
(517) 335-0918

OCCUPATIONAL THERAPIST REGISTERED AND OCCUPATIONAL THERAPY ASSISTANT REGISTRATION INSTRUCTIONS

Authority: P.A. 368 of 1978, as amended
This form is for information only.

NOTE: It is your responsibility to have all required documentation sent to the Board of Occupational Therapy. Questions regarding your application can be directed to the Michigan Board of Occupational Therapy at (517) 335-0918 three weeks after the date you sent the application. Please allow 4-6 weeks processing time.

OCCUPATIONAL THERAPIST, REGISTERED

1. Complete the application and submit the appropriate fee. **Applications submitted without the fee will be returned.** An application accompanied by the appropriate fee is valid for two years. If an applicant fails to complete the requirements for registration within two years from the date of filing the application, the application is no longer valid.

2. Have official transcripts submitted directly to this office from an approved occupational therapist educational program.

3. Arrange for a score report of your NBCOT (formerly the AOTCB) examination results to be forwarded to this office directly from NBCOT (301.990.7979).

4. Applicants whose educational program was taught in a language other than English must also pass both the TOEFL and TSE examination administered by the Educational Testing Service (ETS). A passing score on the TOEFL is 550 in the written format or 213 in the computerized format. A passing score on the TSE is 50. Please call (708) 869-7700 or use the website www.toefl.org to have your test scores sent directly to this office from ETS.

5. If you have ever been registered or licensed as an OTR in another state (either currently or in the past), you must have each state board verify your registration or licensure directly to this office. A *Verification of Licensure or Registration* form is included in this packet. This form may be copied as needed.

6. If you are applying for registration by endorsement, and were registered or licensed as an OTR in another state before January 3, 1995, and have been registered or licensed as an OTR in the other state for a minimum of 5 years prior to the date of filing an application for Michigan registration, you do not need to submit the documentation identified in instructions 2 and 3 above. Those endorsement applicants not meeting this requirement must submit all documentation listed in instructions 1 through 5 above.

OCCUPATIONAL THERAPY ASSISTANT

1. Complete the application and submit the appropriate fee. **Applications submitted without the fee will be returned.** An application accompanied by the appropriate fee is valid for two years. If an applicant fails to complete the requirements for registration within two years from the date of filing the application, the application is no longer valid.

2. Have official transcripts submitted directly to this office from an approved occupational therapy assistant educational program.

3. Arrange for a score report of your NBCOT (formerly the AOTCB) examination results to be forwarded to this office directly from PES (212-367-4342).

4. Applicants whose educational program was taught in a language other than English must also pass both the TOEFL and TSE examination administered by the Educational Testing Service (ETS). A passing score on the TOEFL is 550 in the written format or 213 in the computerized format. A passing score on the TSE is 50. Please call (708) 869-7700 or use the website www.toefl.org to have your test scores sent directly to this office from ETS.

5. If you have ever been registered or licensed as an OTR in another state (either currently or in the past), you must have each state board verify your registration or licensure directly to this office. A *Verification of Licensure or Registration* form is included in this packet. This form may be copied as needed.

6. If you are applying for registration by endorsement, and were registered or licensed as an OTA in another state before January 3, 1995, and have been registered or licensed as an OTA in the other state for a minimum of 5 years prior to the date of filing an application for Michigan registration, you do not need to submit the documentation identified in instructions 2 and 3 above. Those endorsement applicants not meeting this requirement must submit all documentation listed in instructions 1 through 5 above.

GENERAL INFORMATION

1. NAME AND/OR ADDRESS CHANGES: If your name and/or address changes please notify the Board of Occupational Therapy in writing. To change a name or address, you can download the Data Change/Duplicate License Request Form from our website www.michigan.gov/healthlicense and fax it to (517) 373-2179 or mail the form to Bureau of Health Professions, PO Box 30670, Lansing, MI 48909. Telephone calls are NOT accepted for these changes.

2. REFUND POLICY: If you wish to withdraw your application, you may be eligible for a partial refund. You must notify the Board of Occupational Therapy in writing to request a refund.

ORIGINAL LICENSES ARE VALID FOR ONE YEAR OR LESS, SUBSEQUENT RENEWALS ARE VALID FOR A TWO-YEAR PERIOD.

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Board of Occupational Therapists
P.O. Box 30670
Lansing, MI 48909
(517) 335-0918

REGISTRATION APPLICATION

Authority: Public Act 368 of 1978, as amended
If this form is not completed, a license will not be issued.

Board Use Only
Registration Number
Date of Registration

Type or Print

I AM APPLYING FOR THE FOLLOWING:

- ☐ **OTR by Examination, Fee: $90.00 71-5201-01**
- ☐ **OTA by Examination, Fee: $90.00 71-5201-03**
- ☐ **OTR by Endorsement, Fee: $90.00 71-5201-09**
- ☐ **OTA by Endorsement, Fee: $90.00 71-5201-09**

Your check or money order drawn on a U.S. financial Institution and made payable to the **STATE OF MICHIGAN** must accompany this application. **DO NOT SEND CASH.** Fees are deposited upon receipt and can only be refunded under refund rules promulgated by the Department.

First Name	Middle Name	Last Name
U.S. Social Security Number	Date of Birth	Daytime Telephone Number ( )
Street Address		
City	State	ZIP Code
All Previous Names and/or Birth Name Used (if applicable)		

Have you ever held a health professional license in Michigan?

☐ No ☐ Yes - If yes, list Michigan Permanent I.D./License Number and Expiration Date: _____

Check the appropriate answer to each of the following questions. NOTE: Attach a detailed explanation for any Yes answer you check.

1. **Have you ever been convicted of a felony?**	☐ **Yes**	☐ **No**
2. **Have you ever been convicted of a misdemeanor punishable by imprisonment for a maximum term of 2 years?**	☐ **Yes**	☐ **No**
3. **Have you ever been convicted of a misdemeanor involving the illegal delivery, possession, or use of alcohol or a controlled substance (including motor vehicle violations)?**	☐ **Yes**	☐ **No**
4. **Have you been treated for substance abuse in the past 2 years?**	☐ **Yes**	☐ **No**
5. **Have you had 3 or more malpractice settlements, awards, or judgments in any consecutive 5 year period?**	☐ **Yes**	☐ **No**
6. **Have you had one or more malpractice settlements, awards, or judgments totaling $200,000 or more in any consecutive 5 year period?**	☐ **Yes**	☐ **No**

The Department of Community Health will not discriminate against any individual or group because of race, sex, religion, age, national origin, color, marital status, disability or political beliefs. If you need assistance with reading, writing, hearing, etc., under the Americans with Disabilities Act, you may make your needs known to this agency.

Name

7. Have you ever had a federal or state health professional license or registration revoked, suspended, or otherwise disciplined; been denied a license; or currently have disciplinary action pending against you? ☐ Yes ☐ No

8. Have you ever been censured, or requested to withdraw from a health care facility's staff or had your health care facility staff privileges involuntarily modified? ☐ Yes ☐ No

9. Do you hold or have you ever held a permanent OTR or OTA license or registration in any state? ☐ Yes ☐ No
If yes, list each state, the license number, the date issued, and how the license or registration was obtained (either endorsement or examination). You must have each state board verify licensure directly to this board office. (Attach additional sheets if necessary.)

State	License/Registration Number	Date of Issue	How obtained (Endorsement or examination)

10. Have you taken the NBCOT (formerly AOTCB) certification examination for OTR or OTA ? ☐ Yes ☐ No

Date: _____

Provide a complete chronological record of your educational preparation. Attach additional sheets if necessary.

Name and address of Institution	Dates of Attendance From	To	Degree

CERTIFICATION

I understand that it is the policy of this agency to secure a criminal conviction history as part of their pre-licensure screening process. I authorize this agency to use the information provided in this application to obtain a criminal conviction history file search from the Central Records Division of the Michigan Department of State Police or other law enforcement or judicial record-keeping organization.

I further consent to the release of information to this agency regarding any disciplinary investigations conducted by a similar licensure, registration, or specialty certification board of this or any other state, of the United States military, of the federal government, or of another country.

The statements in this application are true and correct. I have not withheld information that might affect the decision to be made on this application. In signing this application, I am aware that a false statement or dishonest answer may be grounds for denial of my application or revocation of my registration and that such misrepresentation is punishable by law.

Signature of Applicant	Date

OHS/HLD-001 (01/04)

Michigan Department of Community Health
Bureau of Health Professions
P.O. Box 30670
Lansing, MI 48909

VERIFICATION OF LICENSURE OR REGISTRATION IN ANOTHER STATE

Authority: Public Act 368 of 1978, as amended.

PART I: To be completed by the applicant and forwarded to the appropriate State Licensing Board for completion.

Check the profession for which you are requesting verification.

- ☐ Chiropractic
- ☐ Counseling
- ☐ Dentistry
- ☐ Marriage & Family Therapy
- ☐ Medicine
- ☐ Nursing
- ☐ Nursing Home Adm.
- ☐ Occupational Therapy
- ☐ Optometry
- ☐ Osteopathy
- ☐ Pharmacy
- ☐ Physical Therapy
- ☐ Physician's Assistants
- ☐ Podiatry
- ☐ Psychology
- ☐ Sanitarians
- ☐ Social Work
- ☐ Veterinary

First Name	Middle Name	Last Name
Previous Names Used	**Date of Birth**	**U. S. Social Security Number**
State Board	**License Number**	**Date of Issue**

The applicant listed above has applied for licensure in Michigan and has indicated licensure in your State.
Please complete Part II of this form and return it to the appropriate Michigan Board at the address shown above.

PART II: To be completed by the State Licensing Board.

Basis for Issuance of License:
☐ Examination - Please indicate type of exam (National, Regional, State, etc.)
☐ Endorsement - Please indicate name of state

Type of License:

License Status	Original Issue Date	Expiration Date
☐ Current ☐ Lapsed ☐ Inactive		

Has the applicant incurred any formal or informal actions in your State?
☐ No ☐ Yes - If Yes, Please attach certified copies of any actions.

Are formal or informal actions pending?	Has the applicant's license ever been limited, denied, surrendered, reprimanded, suspended or revoked?
☐ No ☐ Yes	☐ No ☐ Yes

CERTIFICATION

I hereby verify, to the best of my knowledge, the information above is true to the records of this Board.

_____ _____
Signature **Date**

_____
Type or Print Name

(S E A L)

_____
Title

_____
Full Name of Licensing Board

The Department of Community Health will not discriminate against any individual or group because of race, sex, religion, age, national origin, color, marital status, disability or political beliefs. If you need assistance with reading, writing, hearing, etc., under the Americans with Disabilities Act, you may make your needs known to this agency.